

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE:

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§

CASE NO. 24-33291

Anthony Lewis and Enotris A Lewis

DEBTOR(S)

CHAPTER 7

**DEBTOR(S)' CERTIFICATION REGARDING NECESSITY OF FILING
PAYMENT ADVICES UNDER 11 U.S.C. § 521(a)(1)(B)(iv)**

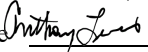
DEBTOR:

I, **Anthony Lewis**, a debtor in the above-referenced case, declare under penalty of perjury that the foregoing is true and correct:

(CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition, and I did not receive any payment advices or other evidence of payment within the 60 days before the date of filing.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment.
- ☐ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer or other source of revenue, and they are attached.

Date 7/23/2024

Signature 
Anthony Lewis, Debtor

JOINT DEBTOR:

I, **Enotris A Lewis**, a joint debtor in the above-referenced case, declare under penalty of perjury that the foregoing is true and correct:

(CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition, and I did not receive any payment advices or other evidence of payment within the 60 days before the date of filing.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment because _____.
- ☒ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer or other source of revenue, and they are attached.

Date 7/23/2024

Signature 
Enotris A Lewis, Joint Debtor

ALLIANCE HEALTH RESOURCES MOBILE
2910 Center St
Deer Park TX 77536

Y470-B918
ORG1:200 STAFF
EE ID: 1254 DD

ENOTRIS A LEWIS
4850 GYPSY FOREST DRIVE
HUMBLE TX 77346

NON-NEGOTIABLE

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION

Enotris A Lewis
4850 Gypsy Forest Drive
Humble, TX 77346
Employee ID: 1254

Home Department: 200 STAFF

Pay Period: 06/30/24 to 07/13/24

Check Date: 07/18/24 **Check #:** 10790

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 079	1332.23	24240.28
NET PAY	1332.23	24240.28

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Birthday	0.00 hrs
Breavement	0.00 hrs
CME	0.00 hrs
Off - Not Paid	0.00 hrs
Sick	8.00 hrs
Travel	0.00 hrs
Vacation	60.00 hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
		Birthday				8.0000	176.00
		Regular Earnings	55.6700	23.0000	1280.41	1087.3800	24434.40
		Overtime				180.2700	6080.82
		Holiday	8.0000	23.0000	184.00	48.0000	1072.00
		Sick				20.0000	452.00
		Vacation	16.0000	23.0000	368.00	36.0000	808.00
		Total Hours	79.6700			1379.6500	
		Total Hrs Worked	55.6700				
		Gross Earnings			1832.41		33023.22

WITHHOLDIN GS	DESCRIPTION	FILING STATUS	CURRENT (\$)	YTD (\$)
	Social Security		99.11	1829.88
	Medicare		23.17	427.95
	Fed Income Tax	MWS 1	135.36	2887.01
	TOTAL		257.64	5144.84

DEDUCTION	DESCRIPTION	CURRENT (\$)	YTD (\$)
	MED 125	233.94	3509.10
	SUPP LIFE INSU	8.60	129.00
	TOTAL	242.54	3638.10

NET PAY

THIS PERIOD (\$)
1332.23

YTD (\$)
24240.28

ALLIANCE HEALTH RESOURCES MOBILE
2910 Center St
Deer Park TX 77536

Y470-B918
ORG1:200 STAFF
EE ID: 1254 DD

Payrolls by Paychex, Inc.

ENOTRIS A LEWIS
4850 GYPSY FOREST DRIVE
HUMBLE TX 77346

NON-NEGOTIABLE

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION

Enotris A Lewis
4850 Gypsy Forest Drive
Humble, TX 77346
Employee ID: 1254

Home Department: 200 STAFF

Pay Period: 06/16/24 to 06/29/24

Check Date: 07/03/24 **Check #:** 10715

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 079	1616.37	22908.05
NET PAY	1616.37	22908.05

TIME OFF (Based on Policy Year)

DESCRIPTION	AVAIL BAL
Birthday	0.00 hrs
Breavement	0.00 hrs
CME	0.00 hrs
Off - Not Paid	0.00 hrs
Sick	4.00 hrs
Travel	0.00 hrs
Vacation	76.00 hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
		Birthday				8.0000	176.00
		Regular Earnings	80.0000	23.0000	1840.00	1031.7100	23153.99
		Overtime	10.0300	34.5000	346.04	180.2700	6080.82
		Holiday				40.0000	888.00
		Sick				20.0000	452.00
		Vacation				20.0000	440.00
		Total Hours	90.0300			1299.9800	
		Total Hrs Worked	90.0300				
		Gross Earnings			2186.04		31190.81

WITHHOLDIN	DESCRIPTION	FILING STATUS	CURRENT (\$)	YTD (\$)
GS	Social Security		121.03	1730.77
	Medicare		28.31	404.78
	Fed Income Tax	MWS 1	177.79	2751.65
	TOTAL		327.13	4887.20

DEDUCTION	DESCRIPTION	CURRENT (\$)	YTD (\$)
	MED 125	233.94	3275.16
	SUPP LIFE INSU	8.60	120.40
	TOTAL	242.54	3395.56

NET PAY

THIS PERIOD (\$)
1616.37

YTD (\$)
22908.05

Y470-B918
ORG1:200 STAFF
EE ID: 1254 DD

ENOTRIS A LEWIS
4850 GYPSY FOREST DRIVE
HUMBLE TX 77346

PERSONAL AND CHECK INFORMATION		
Enotris A Lewis 4850 Gypsy Forest Drive Humble, TX 77346 Employee ID: 1254		
Home Department: 200 STAFF		
Pay Period: 06/02/24 to 06/15/24 Check Date: 06/20/24 Check #: 10640		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 079	1634.39	21291.68
NET PAY	1634.39	21291.68
TIME OFF (Based on Policy Year)		
DESCRIPTION	AVAIL	BAL
Birthday	0.00	hrs
DESCRIPTION	AVAIL	BAL
Bereavement	0.00	hrs
DESCRIPTION	AVAIL	BAL
CME	0.00	hrs
DESCRIPTION	AVAIL	BAL
Off - Not Paid	0.00	hrs
DESCRIPTION	AVAIL	BAL
Sick	4.00	hrs
DESCRIPTION	AVAIL	BAL
Travel	0.00	hrs
DESCRIPTION	AVAIL	BAL
Vacation	76.00	hrs

EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
		Birthday				8.0000	176.00
		Regular Earnings	80.0000	23.0000	1840.00	951.7100	21313.99
		Overtime	10.6800	34.5000	368.46	170.2400	5734.78
		Holiday				40.0000	888.00
		Sick				20.0000	452.00
		Vacation				20.0000	440.00
		Total Hours	90.6800			1209.9500	
		Total Hrs Worked	90.6800				
		Gross Earnings			2208.46		29004.77
WITHHOLDINGS	DESCRIPTION	FILING STATUS		CURRENT (\$)		YTD (\$)	
	Social Security			122.42		1609.74	
	Medicare			28.63		376.47	
	Fed Income Tax	MWS 1		180.48		2573.86	
	TOTAL			331.53		4560.07	
DEDUCTION	DESCRIPTION			CURRENT (\$)		YTD (\$)	
	MED 125			233.94		3041.22	
	SUPP LIFE INSU			8.60		111.80	
	TOTAL			242.54		3153.02	

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1634.39	21291.68

Y470-B918
ORG1:200 STAFF
EE ID: 1254 DD

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Payrolls by Paychex, Inc.

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Your New Benefit Amount

BENEFICIARY'S NAME: ANTHONY LEWIS

Your Social Security benefit will increase by **3.2%** in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,995.70
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$174.70
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 17, 2024.	\$1,821.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **866-931-2729**.

SOCIAL SECURITY
5414 ALDINE MAIL RD
HOUSTON, TX 77039